Los Angeles County Department of Mental Health

LANTERMAN-PETRIS-SHORT (LPS)

INITIAL AND RENEWAL DESIGNATION APPLICATION FORM

Please Print (Legibly)

TO BE COMPLETED BY CANDIDATE'S SUPERVISOR (Failure to complete all items may result in the application not being processed).

Training ID (found on upper right corner of bulletin page) (Initial only)		Date of requested training (Initial only)
☐ **Initial Application** ☐ **Renewal Application** **Select one**	Training or testing date previously completed (if applicable)	
County Employee Number (non-county employees supply the last four digits of the SSN)		
Candidate's Name		
Name of Agency, Program, or Hospital		Job Title

☐ Resident ☐ Professional Staff with Admitting Privileges ☐ Professional Staff without Admitting Privileges ☐ County/DMH or Contracted Facility Staff

Work Address		City		Zip Code	
Work Telephone		Fax		E-mail	
List other facilities at which LPS designated (if applicable)					
Number of years experience as a licensed MH professional					
Length of time in LACDMH (County/Contracted) (in years)		Length of time at facility/program (Private and County Contracted)			

Current job description of candidate which requires that he/she be designated (please check one)

On –Site

☐ County clinic/County contracted clinic employee
☐ LPS Designated acute care hospital (inpatient) employee
☐ LPS Designated acute care hospital (inpatient) MD

Mobile

☐ Hospital employee
☐ Contracted with LPS designated facility
☐ County clinic/County contracted clinic employee

☐ LPT ☐ LCSW ☐ MFT ☐ RN ☐ PhD ☐ MD ☐ Unlicensed Resident

Credential	License No.	Expiration Date:

I attest that all statements made in this application are true and correct

Signature of Applicant Date_____	Professional clinically in charge of Designated Facility, or Agency Print Name_____ Signature_____

This section to be completed after training and examination

Test Score	Pass	Fail	Test Date	Designation Expiration (maximum)
DMH Medical Director				Date

RETURN INITIAL L.P.S. TRAINING APPLICATION to Los Angeles County Department of Mental Health Training and Quality Improvement Divisions 695 S. Vermont Ave., 15th Floor, Los Angeles, CA 90005 **Phone#: (213) 251-6854** **FAX#: (213) 252-8776**	**RETURN RENEWAL L.P.S. APPLICATION** to Los Angeles County Department of Mental Health Patients' Rights Office 550 S. Vermont Ave., 6th Floor Rm. 604, Los Angeles, CA 90020 **Phone # (213) 738-2716** **FAX # (213) 365-2481**

Submit this form as an application for authorization for LPS Designation, for LPS Designation Training, or for LPS Designation Renewal. Form must be completed for each facility at which individual desires designation. For employees eligible for designation, when training has been completed and a test score added, the application will be forwarded to the Medical Director's Office for final designation authority approval.

Revised: 12/2007